

**TRAVEL ADVANCE
STUDENT ADVANCE ESTIMATE / RECONCILIATION**

Name (Traveler): _____ Campus/Dept: _____
(Attach Roster)

Travel Date(s): _____ Destination & Purpose of Travel: _____

ITEM	ADVANCE AMOUNT	ACTUAL EXPENSE	Reconciliation ADVANCE LESS ACTUAL	RECEIPT REQUIRED
Registration (6412)				YES
Lodging ⁽¹⁾ (6412)				YES (Detailed Receipt)
Airfare (6412)				YES
Transportation Costs (6412)				YES
Meals ⁽²⁾ (6412) # Breakfasts _____ x \$8 # Lunches _____ x \$10 # Dinners _____ x \$18				Verification by student signature
Misc. ⁽³⁾ (6412 or 6499)				YES
TOTALS				

- (1) Tax-Exempt: MISD is not subject to Texas State Taxes and will not reimburse this charge. Present the Hotel Occupancy Tax Exemption form to the hotel. Lodging may be limited by the state rate of \$85 per day (not including tax). Detailed receipt required for accounting.
- (2) Daily allowance for meals: Breakfast (\$8), Lunch (\$10), and Dinner (\$18)
- (3) Please provide a brief explanation. Tolls, taxi, fuel, etc., directly related to travel-6412. Other misc.-6499.

(Sponsor Signature)

(Principal Signature)

Request must be received by the Business Office no later than ten business days prior to start of travel. Required receipts and any remaining funds must be returned to the campus secretary within 10 days after completion of travel. **Failure to return receipts may result in a denial of future travel advance requests. It is the sponsor's responsibility to return all receipts to the campus/dept. secretary. Failure to return receipts may also allow the payroll dept. to withhold the entire amount of the advance from the requestor's paycheck.**

TO BE COMPLETED BY CAMPUS/DEPT. SECRETARY UPON COMPLETION OF TRAVEL

Total of Column A (Advance) is greater than Column B (Actual Expenses). Employee has returned \$ _____ to the district.
Date: _____

****OR****

Total of Column A (Advance) is less than Column B (Actual) - Check one of the following:

- _____ Additional reimbursement to be paid to the employee in the amount of \$ _____. Date: _____
- _____ No additional reimbursement is requested. Date: _____

Account Number(s): _____